

# ANALGESIC MEDICATIONS

*Continued...*

## NALOXONE

Narcotic (opiate) antagonist

Used by Combat Medics (CM)

For narcotic opiate overdose and reversal of effects, including respiratory depression, sedation, and hypotension.

**DOSAGE(S):** 0.4-2 mg IV, IN or IM; repeat every 2-3 min to a max dose of 10 mg, as indicated

**ROUTE(S):** IV, IN, IM

**CONTRA-INDICATIONS:** Hypersensitivity to naloxone, use cautiously in patients with cardiac irritability, considered relatively safe in pregnancy, if clinically indicated

**POTENTIAL SIDE EFFECTS:** Analgesia reversal, tremors, hyperventilation, drowsiness, sweating, increased BP, tachycardia, nausea, vomiting

**DRUG INTERACTIONS:** Cardiotoxic drugs (may cause serious CV effects) – use together cautiously, reverses analgesic effects of narcotic (opiate) agonists

**ONSET / PEAK / DURATION:** 1-2 min/5-15 min/variable

**TACTICAL CONSIDERATIONS:** An overdose of naloxone is unlikely if used as indicated; naloxone should be readily available anytime narcotics are being administered; titrate to effect (resolving narcotic overdose signs and symptoms) but continue to manage casualty's pain; naloxone may wear off prior to opiate – observe closely for signs of recurrent opiate overdose.



## ONDANSETRON

Antiemetic (5-HT3 antagonist)

Used by Combat Medics (CM)

Prevention and management of nausea and vomiting associated with pain management medications.

**DOSAGE(S):** 4 mg q 8 hrs, repeat after 15 min for persistent symptoms, no more than 8 mg/8 hr time block

**ROUTE(S):** IV, IO, Translingual, IM

**CONTRA-INDICATIONS:** Hypersensitivity to ondansetron, use cautiously in patients with hepatic failure, considered relatively safe in pregnancy, if clinically indicated

**POTENTIAL SIDE EFFECTS:** Dizziness, lightheadedness, headache, sedation, diarrhea, constipation, dry mouth

**DRUG INTERACTIONS:** Rifampin may decrease ondansetron levels

**ONSET / PEAK / DURATION:** 20 sec-4 min (IV<IO<translingual<IM)/10-40 min/4 hr

**TACTICAL CONSIDERATIONS:** Do not use PO (pill form) – use translingual with the oral dissolving tablet (oral ondansetron is **NOT** an acceptable alternative to the ODT formulation); do not handle ODT preparation with wet hands; IV and IO should be given by slow push.

